| CHILD'S ATTORNEY (Name and address): | FOR COURT USE ONLY |
|--|-------------------------------------|
| | |
| | |
| TELEPHONE NO (Optional): | |
| TELEPHONE NO. (Optional): E-MAIL ADDRESS (Optional): FAX NO. (Optional): | |
| E WILL ASSILES (Optional). | |
| CHILD'S NAME: | |
| | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF | |
| STREET ADDRESS: | |
| MAILING ADDRESS: | |
| CITY AND ZIP CODE: | |
| BRANCH NAME: | CASE NUMBER: |
| LOCAL EDUCATIONAL AGENCY RESPONSE TO | CASE NUMBER: |
| JV-535—APPOINTMENT OF SURROGATE PARENT | |
| OV 600 ALT ONTIMENT OF CONTROLATE FAREIT | |
| This form must be completed and returned to the court at the address listed above within 21 | colondar days from the date of the |
| This form must be completed and returned to the court at the address listed above within 21 appointment of the surrogate parent. | caleflual days from the date of the |
| | |
| 1. Child's name: | |
| T. Stille of Harris. | |
| 2. Child's school: | |
| | |
| 3. Address of child's school: | |
| | |
| 4. School personnel contact (name, title, and telephone no.): | |
| | |
| 5. a. Appointed surrogate parent's name: | |
| | |
| b. Appointed surrogate parent's address: | |
| | |
| c. Appointed surrogate parent's telephone no.: | |
| | |
| d. Appointed surrogate parent's relationship to the child: | |
| | |
| The court's recommended surrogate was appointed. | |
| The court's recommended surrogate was appointed. | |
| | |
| | |
| | |
| | |
| Date: | |
| Date. | |
| | |
| | |
| | |
| (TYPE OR PRINT NAME) | (SIGNATURE) |
| | |
| | |
| | (TITLE) |